MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03987

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Mass. COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boston
STREET ADDRESS (If rural, give location) 306 Riverway ✓

3. NAME OF DECEASED (Type or Print): (First) Bertha (Middle) M. (Last) Atwell

4. DATE OF DEATH: (Month) April (Day) 20 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Dec. 6, 1872

9. AGE last birthday: 79 yrs. If under 1 year: Months 4 Days 14 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Carroll Co., Ohio

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: David Niven

14. MOTHER'S MAIDEN NAME: ? Waggoner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Charles R. Atwell - Newton Highlands, Mass. 21 Carver Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) cerebral accident

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH

23/X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/19, 1952, to 4/20, 1952 that I last saw the deceased alive on 4/20, 1952 and that death occurred at 11:45 P. m., from the causes and on the date stated above.

SIGNATURE J. H. Wilson (Degree or title) M.D. ADDRESS Huntingtown, Md. DATE SIGNED 4/21/52

23. BURIAL, CREMATION REMOVAL (Specify) Cremation | DATE THEREOF April 21, 1952 | NAME OF CEMETERY OR CREMATORY Cedar Hill Crematory | LOCATION (City, town, or county) Washington (State) D. C.

DATE REC'D BY LOCAL REG. 4-21-52 | REGISTRAR'S SIGNATURE H. H. Ward

24. FUNERAL DIRECTOR C. A. Harkness & Son - Mutual, Md. ADDRESS

VS. A15

RECEIVED
APR 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03988

Reg. Dist. No. 52

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Fredrick — LENGTH OF STAY (In this place) All time
HOSPITAL OR INSTITUTION OR STREET ADDRESS Island Creek, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (R. Frederick, Md
STREET ADDRESS (If rural, give location) Island Creek, Md.

3. NAME OF DECEASED (Type or Print): (First) Ora — (Middle) V. — (Last) Bourne

4. DATE OF DEATH: (Month) Apr. — (Day) 30 — (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: July 17 1892

9. AGE last birthday: 59 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home Wife

11. BIRTHPLACE (State or foreign country): Island Creek, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: James E Rice Deceased

14. MOTHER'S MAIDEN NAME: Charlotte Rice (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Husband

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) — Emaciation - Carcinomatosis

157 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — Carcinoma of head of pancreas

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: March, 1952

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of head of pancreas —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 25, 1952, to April 30, 1952, that I last saw the deceased alive on April 30, 1952, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D — ADDRESS St Leonard, Md — DATE SIGNED 5/1/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: May 4 1952 — NAME OF CEMETERY OR CREMATORY: Brooks Church — LOCATION (City, town, or county): Prince Fred. — (State): Md.

DATE REC'D BY LOCAL REG. May 2, 52 — REGISTRAR'S SIGNATURE: Grace L. Hutchins — 24. FUNERAL DIRECTOR: Leroy C. Petty — ADDRESS: Rt. Fredrick, Md

RECEIVED
MAY 8 1962
BUREAU V. S.

03989

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A41

1. PLACE OF DEATH: COUNTY Calvert County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Beach
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D. C.
STREET ADDRESS (If rural, give location) 1710- West Virginia Ave. N.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ellen	V	Engelson	April	24	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	3-28-1889	63 yrs.	0 / 27	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Brooklyn New York	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Williams	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Steve Engelson - 1710- West Virginia Ave N.E.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 7/8, 19 51, to 7/12, 19 51, that I last saw the deceased alive on 7/12, 19 51, and that death occurred at 12 15 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. D. Weems	M.D.	Huntingtown Md	7/24/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/24/52	Fort Lincoln Cemetery	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 24, 1952	Grace L. Hutchins	Martin W. Kysong Co.	1390 N. Capitol St. N.W. Wash. D.C.

RECEIVED
MAY 5 1952
BUREAU V. S.

03990

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick (rural) — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick (rural)
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) Virginia (Last) Hall
4. DATE OF DEATH: (Month) April (Day) 6, (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: April 8, 1883
9. AGE last birthday: 68 yrs. — If under 1 year: Months 11, Days 28 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Calvert County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Reredy ~~Hall~~ Bowen
14. MOTHER'S MAIDEN NAME: Annie Rawlings
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: No
17. INFORMANT AND ADDRESS: Wesley Hall - Prince Frederick, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) — Acidosis — Coronary occlusion —

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — Hypertrophic heart —

(c) — Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to 4/6, 1952, that I last saw the deceased alive on 4/6, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] — ADDRESS St Leonard — DATE SIGNED 6/7/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 8, 1952 — NAME OF CEMETERY OR CREMATORY: Asbury Cemetery — LOCATION (City, town, or county) (State): Barstow - Md
DATE REC'D BY LOCAL REG.: 4/8/52 — REGISTRAR'S SIGNATURE: H. W. Ward
24. FUNERAL DIRECTOR: A. A. Harkness & Son — ADDRESS: Mutual, Md.

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
NOV 21 1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03991

CERTIFICATE OF DEATH

Reg. Dist. No. 57

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) John (Middle) B. (Last) Johnson

4. DATE OF DEATH: (Month) 4 (Day) 21st (Year) 1952

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 6-1-1876

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer Defence work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): maryland

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Albert Johnson.

14. MOTHER'S MAIDEN NAME: Rebecca Norfolk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 218-14-3407

17. INFORMANT AND ADDRESS: Annie B. Johnson Lusby md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart failure - Bright disease

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

442X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/15/52, to 3/15/52, that I last saw the deceased alive on ....., 19....., and that death occurred at 10.20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) K. D. Williams — ADDRESS 5t Leonard — DATE SIGNED 4/22/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 4-23-52 — NAME OF CEMETERY OR CREMATORY St Johns — LOCATION (City, town, or county) (State) Lusby Calv. Md

DATE REC'D BY LOCAL REG. 4-22-52 — REGISTRAR'S SIGNATURE R. W. Ward

24. FUNERAL DIRECTOR P. E. Sewell — ADDRESS Prince Frederick Md

RECEIVED
APR 25 1952
BUREAU V. S.

92

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowens
LENGTH OF STAY (in this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowens
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Louisa (Middle) (Last) Monnett

4. DATE OF DEATH (Month) April (Day) 13 (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH Sept. 11, 1882
9. AGE last birthday 69 yrs. If under 1 year Months 7 Days 2 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Balto Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew Jackson
14. MOTHER'S MAIDEN NAME Mary Furst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS John A. Monnett-Bowens Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Breast

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/6, 1951, to 4/13, 1952, that I last saw the deceased alive on Jan. 12, 1952, and that death occurred at 10.45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Age Sept ADDRESS Lunce Prudence H DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Apr. 15, 1952
NAME OF CEMETERY OR CREMATORY Waters Memorial
LOCATION (City, town, or county) Island Creek (State) Md

DATE REC'D BY LOCAL REG. 4/14/52
REGISTRAR'S SIGNATURE H. W. Ward
24. FUNERAL DIRECTOR A. A. Harkness & Son ADDRESS Mutual Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 21 1952
BUREAU

Westinghouse

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03993

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Chaneyville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Chaneyville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Gustave (Middle) A. (Last) Westinghouse

4. DATE OF DEATH (Month) April (Day) 15 (Year) 1952

5. SEX Male

6. COLOR OR RACE W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Dec. 22 1886

9. AGE last birthday 65 yrs. If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant-owner

10b. KIND OF BUSINESS OR INDUSTRY Gen'l Mdse

11. BIRTHPLACE (State or foreign country) Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Louis Westinghousen

14. MOTHER'S MAIDEN NAME Pauline Lange

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No. 217-32-8443

17. INFORMANT Louis G. Westinghouse 3816 Hanover St., Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Artery Occlusion

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiac Failure

(c)

INTERVAL BETWEEN ONSET AND DEATH: 6 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1946, to April 15, 1952, that I last saw the deceased alive on April 14, 1952 and that death occurred at 9 30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Page Jett

ADDRESS Prince Frederick

DATE SIGNED 4/16/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE April 18 1952

NAME OF CEMETERY OR CREMATORY Cedar Hill, Balto. Md

LOCATION (City, town, or county) (State) Mt. Brooklyn Md

DATE REC'D BY LOCAL REG. April 17, 1952

REGISTRAR'S SIGNATURE Grace L. Hutchins

24. FUNERAL DIRECTOR Wm. H. Hutchins

ADDRESS Owings, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 22 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

03994

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 57

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Calvert — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Adelina, md
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Adelina md.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Pasco (Middle) H. (Last) Willett

4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 1952

5. SEX: M. — 6. COLOR OR RACE: C — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: Oct 28 — 9. AGE last birthday: 59 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Willett
14. MOTHER'S MAIDEN NAME: Margarett Mosey.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mary Willett. Adelina md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

4241 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN):
(COUNTY):
(STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/10, 1949, to 3/18, 1952, that I last saw the deceased alive on 3/15, 1952, and that death occurred at 5A m., from the causes and on the date stated above.

SIGNATURE: H. Weems — (Degree or title): M.D. — ADDRESS: Huntingtown — DATE SIGNED: 4/21/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4-22-52 — NAME OF CEMETERY OR CREMATORY: Carroll's — LOCATION (City, town, or county): Barstow, — (State): md

DATE REC'D BY LOCAL REG. 4-21-52 — REGISTRAR'S SIGNATURE: H. H. Ward. — 24. FUNERAL DIRECTOR: P.E. Sewell, Prince Frederick — ADDRESS: md.

RECEIVED
APR 22 1952
BUREAU V. S.